

## Abstracts

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found in the literature (min 22.90%, max 42.80%), treatment with starting dose DA 500 mg Q3W resulted in a BI that were 35.64% and 27.64% lower than EPOalfa 10,000 UI TIW and 40,000 UI QW respectively and 35.59% and 17.11% lower than EPObeta 10,000 UI TIW and 30,000 UI QW respectively. The results of the base case did not change in any of the sensitivity scenarios. **CONCLUSION:** The model shows that treatment of CIA with starting dose DA 500 mg Q3W is the therapeutic strategy with lower mean cost per patient for all the analyzed scenarios in Spain.

## PCN5

# **HEXVIX FLUORESCENCE CYSTOSCOPY FOR SUPERFICIAL BLADDER CANCER DIAGNOSIS: ANALYSIS OF BUDGET IMPACT ON THE SWEDISH HEALTH SERVICE**

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**OBJECTIVE:** Development of a decision analytic model to estimate the budget impact on the Swedish health service of using a more effective diagnostic tool in conjunction with white light cystoscopy (WLC) in the management of superficial bladder cancer (SBC). Hexvix (hexaminolevulinate) fluorescence cystoscopy potentially allows more complete detection and delineation of tumours compared with WLC in bladder cancer diagnosis. **METHODS:** Model inputs, including procedure costs and clinical algorithms, are based on the bladder cancer diagnosis and treatment guidelines of the European Association of Urology (EAU), literature review and Swedish clinical practice. Several trials report less residual tumour at early re-resection following 5-ALA fluorescence-assisted TURB with 59% to 80% relative reduction in recurrence in the fluorescence group compared to WLC. Based on these findings, the model assumed a conservative 40% reduction in recurrence rate when Hexvix was used alongside WLC to guide TURB. The model projects the flow of all newly diagnosed SBC patients, following histological risk classification at first TURB, through treatment one year after diagnosis. It covers Hexvix use in the operating room to guide first TURB in all patients with suspicion of bladder cancer and all follow-up TURBs in patients with recurrent SBC. **RESULTS:** In the Swedish population of newly diagnosed bladder cancer patients, the model projects a reduction in the number of procedures required in the first year compared to WLC alone, i.e. 29 cystectomies and 1961 TURBs with Hexvix compared to 52 and 2141 with WLC. Avoidance of these procedures would result in \$212,895 (SEK 1,561,908) reduction in costs to the Swedish health service the first year after diagnosis. **CONCLUSIONS:** The model predicts that use of Hexvix as an adjunct to WLC for all initial and follow-up TURBs in the first year following diagnosis will result in substantial cost savings for the Swedish health service.

## PCN6

# **PRIMARY PROPHYLAXIS WITH PEGFILGRASTIM IS COST-SAVING COMPARED WITH FILGRASTIM FOR BREAST CANCER IN SPAIN**

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**OBJECTIVES:** Primary (first-cycle) prophylaxis with filgrastim or second generation pegfilgrastim has been recommended in the 2006 ASCO and EORTC clinical guidelines when the risk of

febrile neutropenia (FN) is >20%. Recent studies reported significantly greater reduction of FN with pegfilgrastim than with filgrastim, yet no study has compared their cost-effectiveness. The study purpose was to evaluate the cost-effectiveness of primary prophylaxis with pegfilgrastim versus 11-day use of filgrastim (as recommended) in women with stage I-III breast cancer receiving chemotherapy with moderate to high risk of FN in Spain. **METHODS:** We constructed a decision-analytic model from a health care payer's perspective. Costs included costs for drugs, drug administration, FN-related hospitalizations and subsequent care, and were based on ex-factory price listing and literature. Effectiveness was measured as FN avoided and life-years-gained (LYG). FN risk (varied by days of filgrastim), FN case-fatality, relative dose intensity (RDI), and the impact of RDI on survival were based on a comprehensive literature review and expert panel validation. Breast cancer mortality and all-cause mortality were from national cancer registries and vital statistics report. Sensitivity analyses were conducted on key variables. **RESULTS:** In addition to being more effective, pegfilgrastim primary prophylaxis produced an average cost-savings of €32 per patient (€4243 pegfilgrastim versus €4275 filgrastim). Pegfilgrastim reduced the absolute risk of FN by 5.5% (12.5% versus 7%) and had a LYG of 0.06 (16.48 versus 16.42 years). Age of diagnosis and cancer stage had minimal impact on the results. Key influencing factors included drug costs, relative risk of FN, and drug administration cost. **CONCLUSION:** Primary prophylaxis with pegfilgrastim in Spain appeared not only to be more effective but also cost-saving compared with filgrastim used for 11 days per cycle.

## PCN7

# **IMPACT OF CHANGES IN THE FINANCING OF THE HEALTH SERVICES ON COSTS STRUCTURE ON THE EXAMPLE OF CHEMOTHERAPY OF ADVANCED OVARIAN CANCER**

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In 2002, the medical services in Poland has been paid by the independent public insurance institutions—Regional Cash of Ills. In 2003 the government established The National Fund of Health, which integrate all regional insurance institutions and provide identical availability of medical services for every patient in Poland. **OBJECTIVES:** To assess the impact of changes in financing of health services on costs structure from the payer perspectives on the example of advanced ovarian cancer. **METHODS:** Two regimens of chemotherapy were assessed: cisplatin-cyclophosphamide (CC) and cisplatin-paclitaxel (CP). The data of medical resources consumed were collected retrospectively in two oncology centers in Poland. All medical care consumption (diagnostic tests, hospitalization, ambulatory care and medications) were estimated from the patients' chart. Costs were derived from the hospitals' Financial Departments for the year 2002. And from the system used by National Fund of Health for 2006. All cost were in Polish zloty. **RESULTS:** The total cost of chemotherapy per patient in CP group in 2002 were 21,658 zł and in 2006—14,594 zł, while the standard chemotherapy with CC scheme were 9008 zł in 2002 and 6000 zł in 2006. In CP group in 2002 the 72.5% of the total cost were the cost of cytostatics, while in 2006 they decreased to 52.2%. In CC group the main costs (56%) in 2002 were additional medications such as antiemetics and GCSF, while in 2006—51% of total costs was the cost of hospitalization. **CONCLUSIONS:** The changes in financing of the health system decreased the total costs of ovarian cancer chemotherapy. The main reason of it in PC group could